



WISCONSIN

**DEPARTMENT OF WORKFORCE DEVELOPMENT**

Division of Workforce Solutions  
Bureau of Workforce Programs

**TO: Economic Support Supervisors  
Economic Support Lead Workers  
Training Staff  
Child Care Coordinators  
W-2 Agencies**

**FROM:** Stephen M. Dow  
Employment Support Unit  
Workforce Policy Development Section

**BWP OPERATIONS MEMO**

**No.:** 01-73

**File:** 2799

**Date:** 11/08/2001

**Non W-2 [X] W-2 [ ] CC [ ]**

**PRIORITY:** Medium

**SUBJECT: LONG-TERM CARE, ELIGIBILITY LEVEL OF CARE STATUS REPORT**

**CROSS REFERENCE:** Operations Memo 00-77

**EFFECTIVE DATE:** October 22, 2001

**PURPOSE**

This memo informs local agency staff who determine and certify Medicaid (MA) eligibility for long-term care services about a new report for functional eligibility level of care status for individuals requesting these programs:

- Family Care (FC).
- FC and accessing MA eligibility via one of the MA Home and Community Based Waivers (nursing home level of care).
- PACE/Partnership.

**BACKGROUND**

In the past, functional level of care (LOC) information with regard to FC or PACE/ Partnership was communicated to Economic Support Agencies (ESA) through these 4 methods:

1. Community Options Program (COP) functional screen
2. A CARES Agency Model Referral form (Operations Memo 00-77)
3. An agency designed referral form
4. Collateral contact by PACE/Partnership organization

The Department of Health and Family Services (DHFS) has developed an internet accessible Long-Term Care Functional Screen (LTC-FS), based on the old paper versions of this screen, to determine LOC. As an output of this web-based functional screen, an individual report, the Long-Term Care Eligibility LOC Status report, is printed with all the necessary level of care eligibility information for the applicant.

## **POLICY**

Beginning October 22, 2001, the web-based functional screen will be available to a limited number of counties for use by Resource Center staff and those who determine functional eligibility for long-term care programs. This web-based functional screen determines a person's functional eligibility, not financial eligibility. The printed report from this web-based functional screen should be sent to the ESA for applicants requesting MA for long-term care programs and for those requesting FC non-MA. In FC counties, a copy of the report may be attached to an appropriate referral form (listed above) and sent from the Resource Center to Economic Support.

The information that is needed to determine MA and FC non-MA eligibility will be listed under "Eligibility Results" in the Eligibility Level of Care Status report (see attached sample). This report is a means of communication and does not change how this information is currently entered into CARES to determine eligibility for MA.

The web-based LTC-FS will only be used to set the care levels for individuals enrolling in FC or PACE/Partnership programs. Results of the web-based functional screening tool will be used to identify those applicants who qualify at the functional level to have their MA eligibility based on waivers criteria.

## **CARES**

1. If the functional level of care is Comprehensive (C) (#2 in the sample report) with a "No" in the Waiver Logic Eligibility (#3 in the sample report) or the individual is an FC client in which the functional care level is Intermediate (I) or Grandfathered (G) (#2 in the sample report):
  - a. ANCW is filled out with community waivers functional eligibility as "N".
  - b. ANFR is completed for FC clients with the appropriate corresponding entry (I, G, or C) on #2 in the sample report.

Waiver logic is not used to determine eligibility. For FC clients an MA determination is done for other categories of MA first, and if no MA eligibility is found, FC non-MA eligibility is determined.

2. If the functional care level is Comprehensive ("C") (#2 in the sample report) with a "Yes" in the Waiver Logic Eligibility (#3 in the sample report):
  - a. ANCW is filled out with community waivers functional eligibility as "Y".

If the individual is requesting PACE/Partnership, enter the Nursing Home level of care (#1 in the sample report) in the PACE/Partnership Level of CARE on ANCW.

- b. ANFR is completed for FC client with the FC functional eligibility as a "C."

In this case, waiver logic is used to determine eligibility. For FC clients if there is no MA eligibility found, FC non-MA eligibility is determined.

The numbers in the screen prints (below) correspond to a specific line on the attached sample report. The information in those lines should be entered in these fields indicated in CARES.

<b>ANCW</b>	COMMUNITY WAIVERS	10/23/01 09:03
CASE: 7700228973	WORKER: XCT934	XCT934 S JANKOWSKI
LAST UPDATED:	CASE STATUS: OPEN	CASE MODE: INTAKE
NUM: ____ NAME:	SSN: _____	
DC: ____ BEGIN MMY: ____ END MMY: ____		
DO YOU WANT COMMUNITY WAIVERS SERVICES? (Y/N):		
DATE OF REQUEST FOR COMMUNITY WAIVERS:	(3)	____
COMMUNITY WAIVERS FUNCTIONALLY ELIGIBLE? (Y/N/?):	____	
COMMUNITY WAIVERS PROGRAM TYPE:	____	VR: ____
COMMUNITY WAIVERS PROGRAM START DATE:	____	VR: ____
MA CARD COVERABLE EXPENSES:	____	
GROUP C MEDICAL REMEDIAL EXPENSES:	____	
SLOT AVAILABLE FOR COMMUNITY WAIVERS (Y/N):	(1)	
PACE/PARTNERSHIP LEVEL OF CARE:	____	
-----INDIVIDUALS-----		
01 MABLE M (PP )	02 ARNOL M (HUS)	

<b>ANFR</b>	FAMILY CARE	10/23/01 09:06
CASE: 7700228973	WORKER: XCT934	XCT934 S JANKOWSKI
LAST UPDATED:	CASE STATUS: OPEN	CASE MODE: INTAKE
NUM: ____ NAME:	SSN: _____	
DC: ____ EFF MMCCYY: ____		
DO YOU WANT FAMILY CARE SERVICES? (Y/N/?):		
FAMILY CARE FUNCTIONAL ELIGIBILITY (C/I/G/N/?):	(2)	____
CMO CAPACITY (Y/N) :	____	
ENROLLMENT DATE :	____	
DISENROLLMENT DATE :	____	
OVERRIDE PROJECTED COST OF CARE PLAN:	(4)	____
RESOURCE CENTER WORKER NAME:	____	
RESOURCE CENTER WORKER PHONE:	____	
-----INDIVIDUALS-----		
01 MABLE M (PP )	02 ARNOL M (HUS)	

## CONTACT

DES CARES Information and Problem Resolution Center

Email: [carpolcc@dwd.state.wi.us](mailto:carpolcc@dwd.state.wi.us)  
 Phone: 608-261-6317 (Option #1)  
 Fax: 608-266-8358

**Note:** Email contacts are preferred. Thank you.



# Long Term Care

## Eligibility LOC Status

10/9/2001 - 7:44:48AM  
Print Mode : LandScape

Applicant Information			
Applicant's Name :	Dwone, Crossval	SSN :	038145995
Screening Agency :	Milwaukee County Department on Aging - RC	Referral Date :	10/07/2001
County/Tribe Of Residence :	40 Milwaukee	Screen Type :	01 Initial screen
County/Tribe Of Responsibility :	40 Milwaukee	Screeners Name :	Ryan - Tondryk, Evie

## Eligibility Results

Eligibility Determined On :	10/08/2001
1 Nursing Home LOC :	Intermediate Care Facility
Developmental Disability LOC :	No DD Level of Care
2 Family Care Eligibility :	Comprehensive
3 Waiver Logic Eligibility:	Yes
Partnership Eligibility :	Yes
2 Grand Fathering :	No
4 Eligibility Determined By :	Ryan - Tondryk, Evie

\* This does not include FINANCIAL eligibility for Family Care or Medicaid \*